

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

3021

State File No. \_\_\_\_\_

Registrar's No. 5804

FILED FEB 12 1945  
Registration District No. 005

Primary Registration District No. 4359

1. PLACE OF DEATH:

(a) County NEW MADRID  
(b) City or town RURAL  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 6 YEARS  
years, months or days)

3. (a) PRINT FULL NAME UNESTINE WHEELER

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race R 6. (a) Single, widowed, married, divorced 9  
6. (b) Name of husband or wife \_\_\_\_\_ Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased JUNE 15 (Month) (Day) (Year)

8. AGE: Years 26 Months 7 Days 3 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace MISS (City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WORK

11. Industry or business \_\_\_\_\_

12. Name UNESTINE WHEELER  
13. Birthplace N.C. (City, town, or county) (State or foreign country)  
14. Maiden name ELLA BRON  
15. Birthplace MISS (City, town, or county) (State or foreign country)

16. (a) Informant LINA MITCHELL

(b) Address CAMPION, MO.

17. (a) REPORTED (b) Date thereof TO NOT AT  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CAMPION MO

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) Jan 15-42 (b) Mrs S.B. Rademacher  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County NEW MADRID  
(c) City or town RURAL  
(If outside city or town limits write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 17,  
year 1941 hour 5 minute M M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy  
from record 8 months  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 83a

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature L. Richards (M. D. or other) Coroner  
Address Quindora Date signed 12-20-41

FEB 21

FEB 20 1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

working under my personal supervision.

me: *one*  
Registered Apprentice No.

Signed *G. Hill*

Licensed Embalmer No. *2677*

P. O. Address *Leibourn Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.